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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable BENJAMIN L. CARDIN, a Senator from the State of Maryland.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

O God, some of us are able to give much, yet we give little. Some of us would give more, but we have little. Inspire us today to give You our best. Help us to focus on serving You and bringing honor to Your Name.

Guide our lawmakers in their challenging work. Open their minds and hearts to be ready to do Your bidding. Use them as instruments of Your purposes, shining Your light through them to dispel the shadows in our world. Help them to live to please You, demonstrating conclusively with actions that they follow You. Empower them to live in a manner that will glorify You. Give them the wisdom to encourage and help each other in the important work of guarding our freedom.

We pray in Your holy Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable BENJAMIN L. CARDIN led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,

PRESIDENT PRO TEMPORE,

Washington, DC, February 28, 2007.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable BENJAMIN L. CARDIN, a Senator from the State of Maryland, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. CARDIN thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, this morning the Senate will be in a period of morning business for 60 minutes. The first 30 will be controlled by the majority, and the remaining 30 minutes will be under the control of the Republicans.

Following this period of morning business, the Senate will begin consideration of S. 4, the 9/11 legislation. This is a very important piece of legislation. That is why it has a low number. It is one of the 10 that I thought we should complete as soon as possible. I am happy we are there. I thank the Republican leader for his cooperation in allowing consent to be granted for us to switch the cloture vote from the Commerce Committee-reported legislation to S. 4, which is, of course, the measure reported by the Homeland Security Committee. I hope Members will be here early to offer amendments to the legislation.

Once I have laid down the substitute amendment, which will encompass provisions from several committees—Homeland Security, Banking, and Commerce—we will be ready for the amendment process. Members should expect rollcall votes throughout the day. We could go into late evening sessions. We really need to complete this bill. As I told Members yesterday, except for Friday late in the day, because of Sen-

ator LIEBERMAN, our manager of the bill—he starts his Sabbath at sundown on Friday—we are going to move this bill. We could very likely have Friday afternoon votes. So everyone who has airplane reservations should cover themselves because we may have to be here. If progress is not sufficient to finish this bill next week, we will have to start working longer hours. I hope we can get things available Monday so that we have more than one vote Monday night. We really need to start legislating. We have had, in my mind, too much time off.

I see the distinguished Senator from Colorado. We have the first time, but we have no one here at this stage; they are on their way. If he would like to speak now, we will use part of his time now.

Mr. ALLARD. I thank the majority leader for that opportunity. I have a bill I would like to introduce briefly this morning and talk about it for a few minutes. If somebody shows up from his side, I will yield.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for 60 minutes, with Senators permitted to speak therein for up to 10 minutes each. Under the previous order, the first 30 minutes will be controlled by the majority leader or his designee.

The Senator from Colorado is recognized.

(The remarks of Mr. ALLARD pertaining to the introduction of S. 699 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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Mr. ALLARD. I suggest the absence of a quorum and ask unanimous consent that time under the quorum call be charged equally to both sides.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE

Mr. DURBIN. Mr. President, if one travels across the States of Maryland or Illinois and stops at any business, large or small, and has a conversation about how the business is going, it won't take long for the conversation to move to the issue of health care. Virtually every business I have visited in Illinois in the last 10 or 20 years—or labor union, for that matter—wants to talk about health care. There is a growing concern that the cost of health insurance keeps going up and coverage keeps going down. It is affecting our competitive edge in America. It compromises the security many families want to feel when it comes to medical care necessary for their loved ones.

Yesterday, I was visited by a spokesman for the Business Roundtable. They are infrequent visitors in the offices of Democratic Senators, but it was a good, positive meeting. We talked about a number of issues and started with their concern and our growing concern about the limited availability of health care and its cost.

We now have some 47 million uninsured Americans and many who are underinsured and more and more who are vulnerable each year. There was a disturbing story in this morning's Washington Post about a young mother who lost her son because she had no way to pay for the extraction of a tooth. The child's tooth became decayed, abscessed, and led to a terrible condition which ultimately cost him his life. So for an \$80 tooth extraction, this little boy gave up his life. It is unthinkable, in a great country such as America, that such could occur. It is one small example of a life that has been lost because of a lack of concern we have about extending health care coverage.

It has been a long time since we have had a real conversation about this issue. One has to go back to the previous administration, when President Clinton came forward with a plan. It was complicated. It was controversial. I joined in the debate on the plan because I thought it was long overdue. After some months, the forces in the health care industry, which is very profitable today, came together and killed the idea. So for 10 years nothing has happened except the situation has disintegrated and we are now facing a real crisis.

Recently, President Bush put forward a health coverage proposal that claims to make health coverage more affordable, make the tax treatment of health benefits more equitable, and create incentives for people to enroll in lower cost health plans. I welcome the President's proposal as a sign that he, too, believes the status quo of health care in America is unacceptable and we need to begin the hard work to reform it. But when you take a close look at the President's proposals, some questions arise, and some concerns.

The heart of the plan is a proposal to equalize the tax treatment of health benefits, whether you obtain health coverage through an employer or purchase it yourself in the individual insurance market. On the surface, it sounds very appealing. After all, some people simply do not have access to employer-sponsored coverage. But such a change would not provide people with two equally good options for obtaining health insurance.

Employer-sponsored health coverage is far superior to the individual insurance market for the vast majority of people, even if they have access to a tax deduction. Unless you are in perfect health, individual-market insurance is often unaffordable or unavailable. To a much greater extent than employer coverage, insurers in the individual market can deny you coverage if you have a preexisting medical condition or can refuse to cover you at all. Insurers in the individual market also can charge much higher premiums if you are older or sicker. In short, if you are not in perfect health, you do not want to be in the individual market. Recognizing this, the President's proposal to equalize tax treatment is really not as appealing as it sounds unless you happen to be one of those very young, very healthy people who can go to an individual market and find a competitive rate.

The President's plan has an even more alarming implication. The way he has constructed it, equalizing the tax treatment of benefits could weaken employer-sponsored coverage, which is the bedrock of our current health coverage system. He could do it in two ways.

First, offering the same tax deduction, for either employer-provided coverage or individual coverage, could create an incentive for some employers to drop coverage. They can just basically say: Now you are on your own. We are finished providing health coverage. Use the tax deduction to buy your own plan. Given the current state of the individual insurance market, this could be terrible news for everyone but the youngest and healthiest workers. Most people losing employer coverage would likely end up with insurance that costs more and covers less—if they are lucky to find a policy at all.

The second adverse effect is that even if an employer maintains health coverage, young and healthy employees would have an incentive to leave their

employer plan for individual coverage. You know what that means: When the younger and healthier workers leave the pool, there is more risk and higher premiums for those who remain.

Another major element of the President's plan is a proposal to cap the tax deduction for health benefits at \$15,000 for families and \$7,500 for individuals. Those with health benefits above this cap would face a new tax on the health benefits exceeding this threshold. The President says capping the tax deduction would dissuade people from enrolling in "gold-plated" or "Cadillac" health plans, which the administration has fixated on as a major cause of rising health care costs. Some have gone so far as to characterize this part of the President's plan as a way to tax the rich and their expensive health benefits in order to help lower income people.

What a curious juxtaposition, that for 6 years this administration has argued for tax breaks for people at the highest income categories, saying they must be rewarded, even at the expense of middle-income and lower income families and now, when it comes to health insurance, the tables are turned and the administration is arguing that we should not be rewarding expensive health benefits, we should be, in fact, trying to help lower income people, though his approach does not achieve that.

A closer look at his plan raises even more serious questions. It rests on a shaky premise that large numbers of Americans have an overabundance of health insurance. The President believes Americans are overinsured when it comes to health care protection. There may be some people out there who fit in that category, but most of the people I talk to do not. They are very anxious about their coverage. They are anxious about the cost of their premiums, their deductibles, and their copayments. We find a lot of important health services are not covered.

We know what is happening in bankruptcy courts. Those who can make it through the new maze that has been created by this Congress and this administration usually are there primarily for medical bills. The real problem is not the overinsured but the 16 million Americans who are underinsured. Their health coverage is not adequate to protect them if they have a serious problem. Forty-seven million Americans have no coverage at all. The President's focus on the overinsured seems misplaced, to put it mildly.

Part of the problem stems from this notion of "Cadillac" health plans. The phrase suggests that buying health coverage is like buying a car: You can buy the basic model, which allows you to get to work, pick up the kids, and go to the store, or, if you have some extra money, you can buy the high-end model with lots of extras—leather seats, more horsepower, some electronics, and a fancy stereo. Health coverage just does not work that way. The